

2007 SUPPLEMENTAL KIP STUDENT SURVEY QUESTIONS

Please mark the response that best describes you.

1. **How old are you?**
☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 or Older
2. **What grade are you in?** ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th
3. **Are you:** ☐ Female ☐ Male
4. **What do you consider yourself to be? (Please choose one.)**
☐ White ☐ Asian American
☐ African American ☐ Native American
☐ Hispanic ☐ Other: _____
5. **Do you live with:**
☐ Both parents ☐ Father and stepmother
☐ Mother only ☐ Grandparent(s)
☐ Father only ☐ Other: _____
☐ Mother and stepfather
6. **What is your zip code?**

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 (If you don't know, leave blank)
7. **Where are you living now?**
☐ On a farm
☐ In the country, not a farm
☐ In a small town or city
☐ In suburbs of a small town or city
8. **Do you participate in the reduced price lunch program?** ☐ Yes ☐ No
9. **Putting them all together, what are your grades like this year? Are they mostly...**
☐ F's ☐ D's ☐ C's ☐ B's ☐ A's

The next questions are about your life experiences.

If you have had NO experience with inhalants, please mark the circle "Never Have."

10. **How old were you when you first sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?**

	Never Have	10 or Younger	11	12	13	14	15	16	17 or Older
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. **Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many, if any, of your four best friends have used inhalants?**

	None	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. **How much do you think people risk harming themselves (physically or in other ways) if they sniff glue, breath the contents of an aerosol spray can, or inhale other gases or sprays, in order to get high?**

	No Risk	Slight Risk	Moderate Risk	Great Risk
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. **On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high... (Mark ONE CIRCLE for each line.)**

	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You're doing a great job! Keep on going! Please turn over and answer questions on back side!

The next two questions ask about values.

- | | | | | |
|--|--|---|--|--|
| <p>14. How wrong do you think it is for someone your age to use inhalants?</p> | <p>Very
Wrong
<input type="radio"/></p> | <p>Wrong
<input type="radio"/></p> | <p>A Little Bit
Wrong
<input type="radio"/></p> | <p>Not Wrong
at All
<input type="radio"/></p> |
| <p>15. How wrong do your parents feel it would be for you to use inhalants?</p> | <p>Very
Wrong
<input type="radio"/></p> | <p>Wrong
<input type="radio"/></p> | <p>A Little Bit
Wrong
<input type="radio"/></p> | <p>Not Wrong
at All
<input type="radio"/></p> |

**The next questions ask about your experience with inhalants.
Remember, your answers are confidential.**

- 16. Do you think inhalant use is a problem at your school?**
- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| NO!
<input type="radio"/> | no
<input type="radio"/> | yes
<input type="radio"/> | YES!
<input type="radio"/> |
|-------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
- 17. What is your preferred method of using inhalants? (*Please choose one.*)**
- ☐ I have never used inhalants
 - ☐ Sniffing (taking in through the nose)
 - ☐ Huffing (taking in through the mouth)
 - ☐ Both methods
- 18. Where do you use inhalants? (*Choose all that apply.*)**
- ☐ I have never used inhalants
 - ☐ At a friend's home
 - ☐ At home
 - ☐ At school
 - ☐ At parties
 - ☐ On the street
 - ☐ Other: _____
- 19. Do you use inhalants... (*Please choose one.*)**
- ☐ ...alone?
 - ☐ ...with friends present?
 - ☐ ...alone and with friends present?
 - ☐ I have never used inhalants
- 20. Where do you obtain inhalants? (*Choose all that apply.*)**
- ☐ I have never obtained inhalants
 - ☐ Own home
 - ☐ Friend's home
 - ☐ School
 - ☐ Grocery store
 - ☐ Gas station/convenience store
 - ☐ Hardware store
 - ☐ Other place: _____
- 21. What specific types of inhalant or solvent products, if any, have you used to "get high," including brand names of products and products used by friends?**
- _____
- _____
- _____
- 22. Please describe the effects you have experienced while using inhalants.**
- _____
- _____
- _____

Thank you for your participation!!!